Online Appendix: Pandemic Backsliding: Violations of Democratic Standards During Covid-19

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Table A1: Pearson correlations between components of the Pandemic Democratic Violations (Pan-Dem) Index

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		Type 1	Type 2	Туре 3	Type 4	Туре 5	Туре 6	Type7
	Type 1	1.00	0.13	0.05	-0.05	0.13	-0.08	-0.04
	Type 2	0.13	1.00	0.17	-0.12	0.17	0.02	0.17
	Type 3	0.05	0.17	1.00	-0.12	0.03	0.08	0.10
	Type4	-0.05	-0.12	-0.12	1.00	0.07	-0.06	-0.05
	Type 5	0.13	0.17	0.03	0.07	1.00	-0.02	0.06
	Type 6	-0.08	0.02	0.08	-0.06	-0.02	1.00	0.26
	Type 7	0.04	0.17	0.10	-0.05	0.06	0.26	1.00

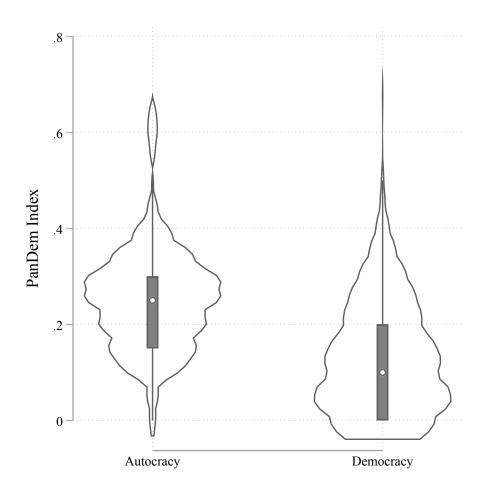


Figure A1: Violin plots showing the distribution of PanDem scores by regime type. Regime type based on the Regimes of the World (Lührmann et al., 2018).

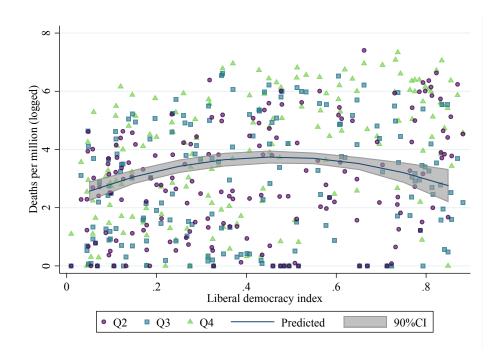


Figure A2: Quadratic relationship between liberal democracy in 2019 and Covid-19 deaths. Observed values and estimated margins from Model 1 of Table 1 in the main text. We find a robust inverted-U relationship between liberal democracy and reported Covid-19 deaths; however, this relationship is modest and is not the result of heterogeneity of reported deaths at higher or lower levels of LDI. See also Figure A7-A9.

Table A2: Results with liberal democracy excluded

	(1) PanDem	(2) Authoritarian practices	(3) Illiberal practices	(4) Combined
PanDem Index	-0.49 (0.50)	Transman practices	imberar practices	Combined
Discriminatory measures		-0.12 (0.08)		-0.12 (0.08)
Derogations from non-derogable rights		0.09 (0.07)		0.09 (0.08)
Abusive enforcement		0.21*** (0.08)		0.21*** (0.08)
No time limit			0.05 (0.09)	0.06 (0.09)
Limitations on legislature			0.02 (0.08)	0.03 (0.08)
Official disinformation campaigns			0.02 (0.10)	0.01 (0.09)
Media limitations		-0.19*** (0.05)	-0.19*** (0.05)	-0.19*** (0.05)
65+ population	0.03* (0.02)	0.02 (0.02)	0.02 (0.02)	0.02 (0.02)
Respiratory disease prevalence	0.04 (0.11)	-0.04 (0.11)	0.04 (0.11)	-0.02 (0.11)
Life expectancy	0.05*** (0.02)	0.06*** (0.02)	0.05*** (0.02)	0.06*** (0.02)
Health expenditures (per capita)	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.00)
Health data quality	0.00 (0.00)	-0.00 (0.00)	0.00 (0.00)	-0.00 (0.00)
Lagged deaths per million (logged)	0.67*** (0.05)	0.62*** (0.05)	0.64*** (0.05)	0.62*** (0.05)
Constant	-1.87^* (1.02)	-1.87^* (1.02)	-1.65 (1.02)	-1.90* (1.03)
Adjusted R ² AIC BIC	0.55 1437.41 1477.67	0.57 1422.44 1474.78	0.56 1431.45 1483.78	0.56 1427.64 1492.05

Coefficients and country-clustered robust standard errors from lagged response models with quarter fixed effects. Outcome variable is Covid-19 deaths per million (logged) observed within the financial quarter, from Q2 to Q4. N = 414; Countries = 138. * p < 0.1, ** p < 0.05, *** p < 0.01 *** p < 0.01.

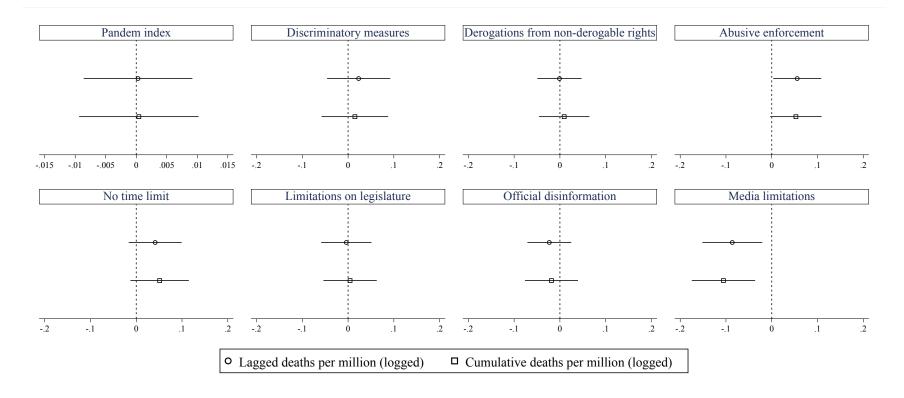


Figure A3: Results for Covid-19 deaths predicting PanDem (i.e. reverse causality). Estimated coefficients and 90% confidence intervals based on country-clustered robust standard errors from a quarter-fixed effects model where the PanDem index and each type of violation are regressed on lagged values of deaths or cumulative deaths. Models also control for LDI and its square from 2019. N=423. Countries=141

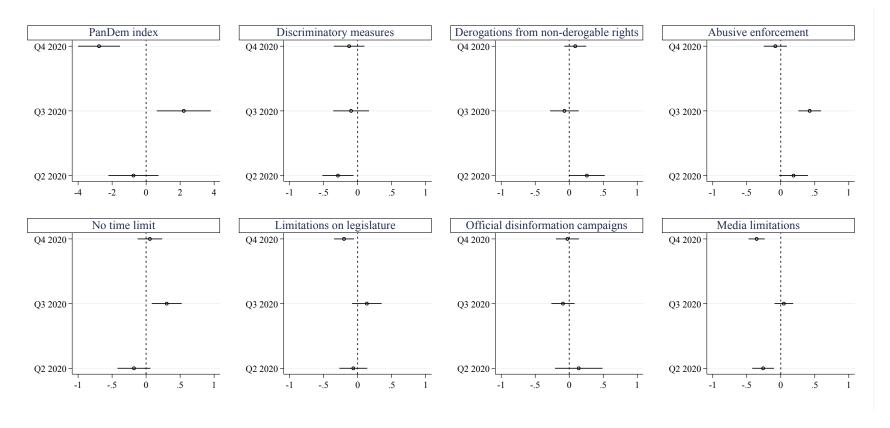


Figure A4: Heterogeneity across quarters. Estimated coefficients and 90% confidence intervals based on country-clustered robust standard errors from lagged response models with deaths per million (logged) from the quarter regressed on the PanDem Index and each type of violation, with quarters interacted as moderators. The full set of controls from Table 2 are also included. N=414, Countries=138.

Table A3: Simple cross-sectional pooled OLS

	(1)	(2)	(3)	(4)
	PanDem	Authoritarian practices	Illiberal practices	Combined
Pandem index	0.72 (1.34)	•	-	
Discriminatory measures		-0.11 (0.19)		-0.10 (0.19)
Derogations from non-derogable rights		0.05 (0.19)		0.04 (0.17)
Abusive enforcement		0.41** (0.17)		0.43** (0.17)
No time limit			0.22 (0.16)	0.23 (0.16)
Limitations on legislature			0.05 (0.13)	0.06 (0.13)
Official disinformation campaigns			-0.13 (0.17)	-0.15 (0.16)
Media limitations		-0.15 (0.11)	-0.15 (0.11)	-0.13 (0.11)
Liberal democracy index	10.87*** (2.64)	10.64*** (2.56)	10.30*** (2.88)	10.16*** (2.70)
Liberal democracy index ²	-10.34^{***} (3.23)	-10.97*** (3.01)	-10.73*** (3.32)	-10.54^{***} (3.14)
65+ population	0.07** (0.04)	0.08** (0.04)	0.07** (0.03)	0.08** (0.04)
Respiratory disease prevalence	0.14 (0.19)	-0.02 (0.20)	0.21 (0.21)	0.08 (0.22)
Life expectancy	0.11*** (0.02)	0.11*** (0.02)	0.10*** (0.03)	0.10*** (0.02)
Health expenditures (per capita)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Health data quality	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)
Constant	-5.81*** (1.83)	-5.00*** (1.73)	-4.87*** (1.86)	-4.93***
Adjusted R ² AIC BIC	0.41 518.90 545.24	0.44 516.34 551.47	0.42 520.50 555.62	0.44 518.42 562.33

Coefficients and robust standard errors from pooled cross-sectional OLS model. Outcome variable is total Covid-19 deaths per million (logged) reported as of 28 December 2020. Values for the PanDem index and each type of violation are measured based on their maximum within the three waves. N =138. * p < 0.1, *** p < 0.05, *** p < 0.01 *** p < 0.01.

Table A4: Results with logged excess deaths per million as the outcome

	(1) PanDem	(2) Authoritarian practices	(3) Illiberal practices	(4) Combined
PanDem Index	-0.40 (0.32)	•	-	
Discriminatory measures		$-0.01 \\ (0.04)$		-0.00 (0.03)
Derogations from non-derogable rights		$-0.12^{***} $ (0.04)		$-0.11^{**} \ (0.04)$
Abusive enforcement		0.11** (0.05)		0.09** (0.05)
No time limit			0.00 (0.03)	0.01 (0.03)
Limitations on legislature			-0.06^* (0.04)	$-0.07^* \ (0.04)$
Official disinformation campaigns			0.11** (0.05)	0.08* (0.05)
Media limitations		-0.07** (0.03)	-0.09** (0.03)	$-0.07^{**} \ (0.03)$
Liberal democracy index	0.46 (0.59)	-0.24 (0.59)	-0.03 (0.57)	-0.18 (0.57)
Liberal democracy index ²	-0.83 (0.62)	-0.28 (0.57)	-0.55 (0.57)	-0.37 (0.58)
65+ population	0.02*** (0.01)	0.02*** (0.01)	0.02*** (0.01)	0.02*** (0.01)
Respiratory disease prevalence	0.06 (0.08)	0.04 (0.07)	0.04 (0.08)	0.04 (0.07)
Life expectancy	-0.02 (0.02)	-0.03** (0.02)	-0.01 (0.01)	-0.03 (0.02)
Health expenditures (per capita)	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.00)	$-0.00 \\ (0.00)$
Health data quality	$0.00 \\ (0.00)$	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Lagged excess deaths per million (log)	0.22** (0.11)	0.18* (0.10)	0.18 (0.11)	0.17* (0.10)
Constant	6.60***	7.80***	6.39***	7.28***
Adjusted R ² AIC BIC	(1.31) 0.25 222.64 262.52	(1.25) 0.29 215.67 265.51	(1.19) 0.28 217.53 267.38	(1.25) 0.29 217.12 276.94

Coefficients and country-clustered robust standard errors from lagged response models with quarter fixed effects. Outcome variable is excess logged deaths per million observed within the financial quarter, from Q2 to Q4. Excess deaths data comes from Aron et al. (2020), Giattino et al. (2021a, 2021b). N = 205; Countries = 71. * p < 0.1, *** p < 0.05, *** p < 0.01 *** p < 0.01.

Table A5: Results with p-scores as the outcome

	(1)	(2)	(3)	(4)
	PanDem	Authoritarian practices	Illiberal practices	Combined
PanDem Index	-0.17^* (0.10)			
Discriminatory measures		0.00 (0.01)		-0.00 (0.01)
Derogations from non-derogable rights		$-0.04** \ (0.01)$		$-0.03** \ (0.01)$
Abusive enforcement		0.04* (0.02)		0.03* (0.02)
No time limit			-0.01 (0.01)	-0.01 (0.01)
Limitations on legislature			-0.02 (0.01)	-0.02 (0.01)
Official disinformation campaigns			0.04* (0.02)	0.03 (0.02)
Media limitations		-0.03** (0.01)	-0.03** (0.01)	-0.03** (0.01)
Liberal democracy index	0.18 (0.21)	-0.06 (0.21)	0.01 (0.22)	-0.03 (0.21)
Liberal democracy index ²	-0.25 (0.20)	-0.05 (0.19)	-0.14 (0.20)	-0.09 (0.19)
65+ population	0.00 (0.00)	0.00 (0.00)	-0.00 (0.00)	0.00 (0.00)
Respiratory disease prevalence	0.01 (0.02)	-0.00 (0.02)	-0.01 (0.02)	-0.01 (0.02)
Life expectancy	-0.00 (0.00)	-0.01 (0.00)	0.00 (0.00)	-0.00 (0.00)
Health expenditures (per capita)	$-0.00 \\ (0.00)$	-0.00 (0.00)	-0.00 (0.00)	$-0.00 \\ (0.00)$
Health data quality	-0.00 (0.00)	0.00 (0.00)	-0.00 (0.00)	-0.00 (0.00)
Lagged p-score (log)	0.59*** (0.14)	0.54*** (0.16)	0.56*** (0.15)	0.53*** (0.17)
Constant	0.32 (0.33)	0.68** (0.33)	0.22 (0.31)	0.49 (0.35)
Adjusted R^2 AIC	0.34 -135.34	0.36 - 137.84	0.36 -136.45	0.36 -134.05
BIC	-95.46	-88.00	-86.60	-74.24

Coefficients and country-clustered robust standard errors from lagged response models with quarter fixed effects. Outcome variable is the country's logged p-score calculated as excess deaths observed within the financial quarter as a percentage of average deaths observed in the same quarter from 2015-2019 (see Aron et al. (2020), Giattino et al. (2021a, 2021b). N = 205; Countries = 71. * p < 0.1, *** p < 0.05, **** p < 0.01 **** p < 0.01.

Table A6: Replication of main results with sample constrained to Tables A4 and A5

	(1) PanDem	(2) Authoritarian practices	(3) Illiberal practices	(4) Combined
PanDem Index	-0.33 (0.89)			
Discriminatory measures		-0.13 (0.13)		-0.11 (0.13)
Derogations from non-derogable rights		0.01 (0.15)		0.06 (0.15)
Abusive enforcement		0.36** (0.18)		0.32* (0.19)
No time limit			0.08 (0.13)	0.06 (0.13)
Limitations on legislature			-0.10 (0.16)	-0.07 (0.16)
Official disinformation campaigns			0.24 (0.17)	0.24 (0.17)
Media limitations		-0.22^* (0.12)	-0.28** (0.12)	-0.24^{**} (0.12)
Liberal democracy index	6.13** (2.40)	4.96** (2.44)	4.66* (2.79)	4.92* (2.63)
Liberal democracy index ²	-5.66** (2.46)	-5.39** (2.27)	-5.21* (2.62)	-5.36** (2.42)
65+ population	0.03 (0.02)	0.04 (0.03)	0.03 (0.02)	0.04 (0.03)
Respiratory disease prevalence	0.23 (0.20)	0.04 (0.20)	0.22 (0.22)	0.07 (0.23)
Life expectancy	-0.08 (0.06)	-0.08 (0.06)	-0.07 (0.05)	-0.06 (0.06)
Health expenditures (per capita)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Health data quality	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)
Lagged deaths per million (logged)	0.54*** (0.08)	0.51*** (0.07)	0.51*** (0.08)	0.50*** (0.07)
Constant	7.31* (4.37)	7.76* (4.23)	7.00* (3.93)	6.34 (4.19)
Adjusted R ² AIC BIC	0.40 749.19 789.07	0.42 744.81 794.66	0.42 747.32 797.16	0.42 748.68 808.49

Coefficients and country-clustered robust standard errors from lagged response models with quarter fixed effects. Outcome variable is Covid-19 deaths per million (logged) observed within the financial quarter. Sample is constrained to the same country-quarters as Table A4 and A5 for comparisons. N=205, Countries=71.* p < 0.1, *** p < 0.05, *** p < 0.01.

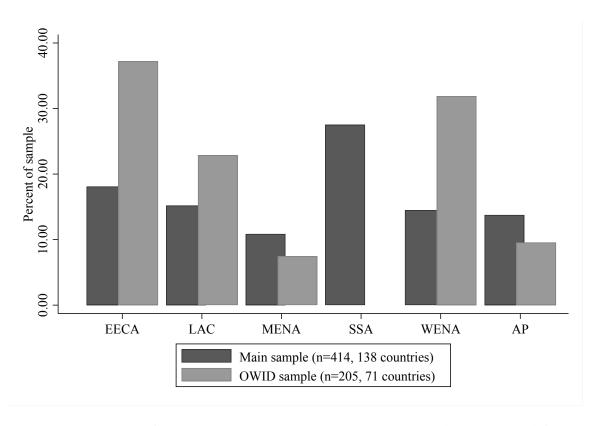


Figure A5: Distribution of observations by region in main sample and sample used for excess deaths and p-scores (Tables A4 and A5)

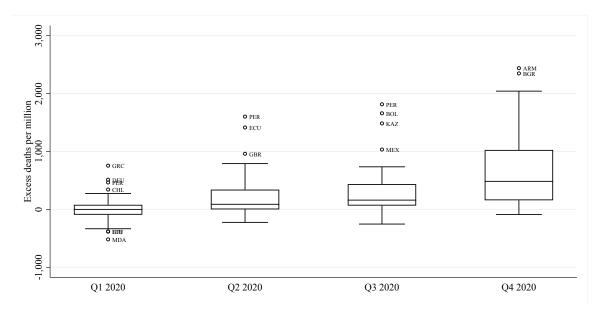


Figure A6: Evidence of potentially influential outliers in excess deaths data.

Table A7: Difference of means tests for observations excluded and included in reduced sample for Tables A4 and A5

	Excluded	Included	Diff.	Std.Error
Deaths per million (logged)	2.31	4.26	-1.96***	0.17
Cases per million (logged)	6.03	8.20	-2.17^{***}	0.20
PanDem Index	0.24	0.16	0.08***	0.01
Liberal democracy index	0.27	0.56	-0.29***	0.02
65+ population	4.32	13.81	-9.49***	0.45
Respiratory disease prevalence	3.34	3.47	-0.13^{*}	0.06
Life expectancy	66.43	77.75	-11.32^{***}	0.55
Health expenditures (per capita)	269.11	1777.60	-1508.49***	120.06
Health data quality	39.44	59.57	-20.14***	1.91

Excluded column represents 209 observations and 67 countries excluded from the analyses in Tables A4 and A5 due to missing data on excess mortality from Aron et al. (2020), Giattino et al. (2021a, 2021b). Included represents the 205 observations and 71 countries included in these analyses. Reported significance and standard errors from two-tailed t-tests with unequal variance. * p < 0.1, *** p < 0.05, **** p < 0.01 *** p < 0.01.

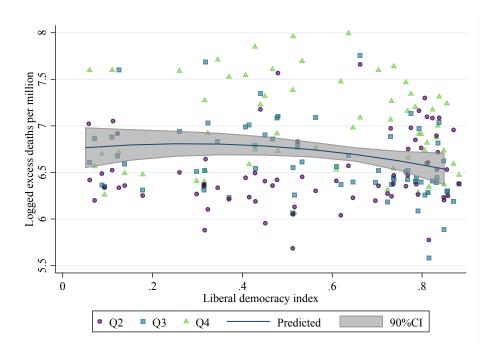


Figure A7: Quadratic relationship between liberal democracy in 2019 and excess deaths within the quarter

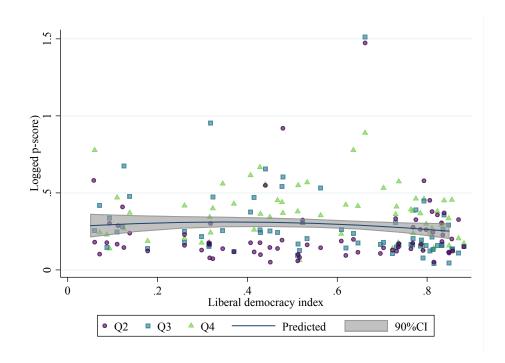


Figure A8: Quadratic relationship between liberal democracy in 2019 and p-score within the quarter

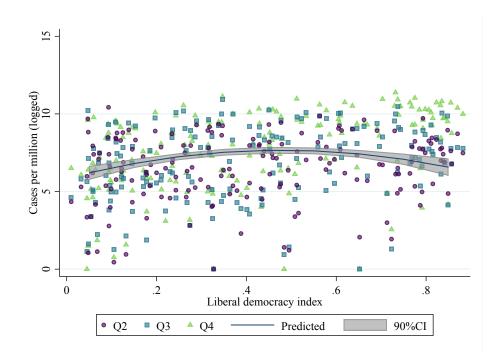


Figure A9: Quadratic relationship between liberal democracy in 2019 and logged cases per million within the quarter

Table A8: Using cases per million (logged) as the outcome

	(1) PanDem	(2) Authoritarian practices	(3) Illiberal practices	(4) Combined
PanDem Index	0.29 (0.58)	•	•	
Discriminatory measures		-0.08 (0.07)		-0.08 (0.07)
Derogations from non-derogable rights		0.05 (0.07)		0.07 (0.07)
Abusive enforcement		0.28*** (0.07)		0.29*** (0.08)
No time limit			0.05 (0.09)	0.07 (0.09)
Limitations on legislature			-0.01 (0.08)	-0.01 (0.08)
Official disinformation campaigns			-0.10 (0.14)	-0.12 (0.13)
Media limitations		-0.09^* (0.05)	-0.08 (0.05)	-0.08 (0.05)
Liberal democracy index	7.59*** (1.70)	7.41*** (1.71)	7.38*** (1.72)	7.49*** (1.67)
Liberal democracy index ²	-7.93*** (1.88)	-8.21*** (1.88)	-8.26*** (1.85)	-8.38*** (1.82)
65+ population	0.02 (0.02)	0.02 (0.02)	0.02 (0.02)	0.02 (0.02)
Respiratory disease prevalence	-0.03 (0.14)	-0.11 (0.14)	0.00 (0.14)	-0.08 (0.14)
Life expectancy	0.06*** (0.02)	0.07*** (0.01)	0.06*** (0.02)	0.07*** (0.01)
Health expenditures (per capita)	0.00** (0.00)	0.00*** (0.00)	0.00** (0.00)	0.00*** (0.00)
Health data quality	-0.01** (0.00)	-0.01** (0.01)	-0.01* (0.00)	-0.01** (0.01)
Lagged cases per million (log)	0.66*** (0.06)	0.63*** (0.05)	0.65*** (0.05)	0.62*** (0.05)
Constant	-2.12** (0.90)	-2.06** (0.85)	-1.72^* (0.94)	-1.89** (0.88)
Adjusted R^2 AIC BIC	0.62 1472.70 1521.01	0.63 1465.82 1526.21	0.62 1475.82 1536.21	0.63 1469.49 1541.95

Coefficients and country-clustered robust standard errors from lagged response models with quarter fixed effects. Outcome variable is Covid-19 cases per million (logged) observed within the financial quarter. N=414, Countries=138.* p < 0.1, ** p < 0.05, *** p < 0.01 *** p < 0.01.

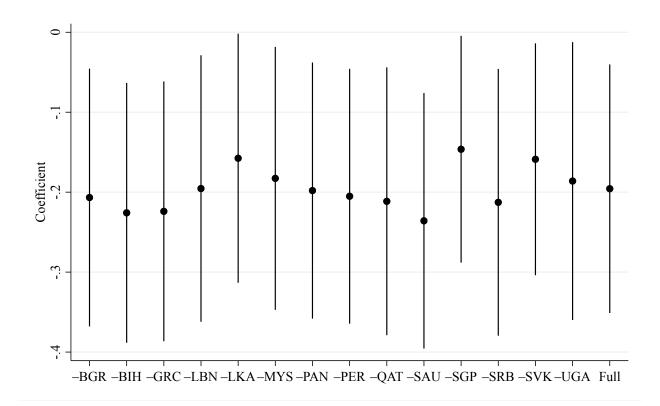


Figure A10: Results when removing one moderate or major violator on discriminatory measures at a time to check for influential outliers. Full model is also provided for reference. Each point represents the estimated coefficient when the respective case is dropped and the error bars represent the 90% confidence interval. Models include all controls using a lagged response and quarter fixed effects as shown in Table 1 of the main text.

Instructions to Coders

Data Entry

You will receive a spreadsheet containing three rows for each of the countries you are assigned to code. The first row of this spreadsheet provides the variable names for which the cells should be coded in that column. These correspond to the variable definitions and response categories provided in the Pandemic backsliding v5 codebook.

Do not change the names of any variables in the first row. Do not change anything in columns A, C, or D.

Your spreadsheet will be stored in your personalized Dropbox folder. Feel free to store other resources in this folder as needed.

Only use Microsoft Excel software to complete your spreadsheet!

Follow the response categories listed in the Pandemic Backsliding v5 codebook to make an assessment of the most accurate situation in each period for that country. Then enter this value into the corresponding cell for that variable in the provided spreadsheet.

Microsoft Excel will provide an error message if a value is entered that does not conform to the codebook scale for that indicator:



Your sources and comments should be entered in the assigned cell for sources/comments in the Mar-Dec row for each country. <u>Do not change data entries in this row</u>, the R script will do that automatically based on the coding for each of the sub-periods (Mar-Jun, Jul-Sep, Oct-Dec).

When stating your sources in the "_source" columns, only enter links. Any comments about the sources or their contents should be entered in the "_comment" columns. Please use at least two sources for each question!

When a country has been completed, remember to code the "time" column with the date you completed it, in year-month-day format. Example: 2020-06-05, for June 5th.

Making a coding decision

While we have made every effort to make the coding for this project straightforward and fact-based, you will be required to ultimately make a judgment about how to code each indicator for each country you are assigned. Coders should follow the question and response categories in the codebook as closely as possible when choosing a response option.

When in doubt, read the codebook entry again. Pay close attention to the "clarification" for additional information on definitions and what does (not) count in certain items. Carefully note the wording in the clarification and each of the response options. Read them again if you find it difficult to choose an option for a particular case. If you find that none of the options fit, ask others for advice.

Coders should follow the protocols outlined below to ensure that only credible and reliable sources are used when making coding decisions. For each observation coded, coders will provide a link to the source used in the "_source" column, and a description of how they arrived at their coding decision using the "_comments" column (in the Mar-Dec row for each country).

When in doubt, it is usually better to code something as less (rather than more) severe. Or consult others for help (see below).

Rules for specific situations

When coding previous versions of this dataset, certain situations have occurred that have been difficult to code. Here are some rules for commonly recurring situations:

Continuation of violations

- If many cases of the referred type of violations have been observed, it should be assumed to continue unless proven otherwise. That is, you need to have some sort of proof that the violations have ceased to occur in order to code it as not continuing.
- If there is a single isolated event, it should be assumed *not* to have continued unless proven otherwise. That is, you need to have proof that it continued (e.g. new occurrences) in order to code it as continuing.
- Please explain in the comments that this type of violation appears to be recurring and that you did not find evidence of it discontinuing, or that it seems to be an isolated event and you did not find indications that the violations have continued.

The "govdis" variable and hydroxychloroquine

- On June 17th, 2020, the World Health Organization decided to discontinue trials with hydroxychloroquine, after finding that the substance "does not result in the reduction of mortality of hospitalised COVID-19 patients, when compared with standard of care" (https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-hydroxychloroquine). This means that government information indicating that hydroxychloroquine can be used to treat Covid-19 should ONLY be regarded as misinformation if it was communicated after June 17th 2020.
- Please always mention in the comments when hydroxychloroquine is involved, why you chose to include it or exclude it in the coding, by referring to the date that the WHO announced it would discontinue trials with the substance: June 17th 2020.

Media variables and private citizens

- For conceptual clarity, we only include professional journalists and their work, including professional blogs/social media accounts, in our coding. Do not consider blogs or social media accounts by private citizens when coding these variables.

For other difficult situations, please use the resources listed below to get support in your coding decision.

Getting help with difficult cases

After consulting the reliable sources listed below, you may still encounter some indicators for some countries that are difficult to code. For this reason, we have set up the following resources for getting help:

Ask <<NAME OF RESEARCHER>>

You can always ask Sandra if you are uncertain about your coding decision. She/he can help to clarify how the coding rules should be applied in different contexts, and offer a second opinion on difficult cases. You can also...

...Use the Slack channel

We have created a Slack channel ("pandem_coding") for you to pose general questions during the coding process to other coders and the management team. This is a great way to find additional sources and information efficiently.

If the issue still cannot be resolved...

... Contact the management team

The management team members each have their own area expertise that might be helpful with particularly difficult cases. We also have a network of contacts to whom we can reach out for additional help. You can contact the team members via Slack, either in a private message or by using the @ function in the "pandem_coding" channel. You can also reach the team members via their email addresses:

Sources

Factual coding requires consultation of accurate and relatively unbiased sources. Many organizations and media outlets have an ideological agenda, and it is often unclear how this agenda affects their reporting of events. We have compiled this protocol for accessing credible sources of information when coding for the Pandemic Backsliding Project. These are ranked here in level of preference. Please always refer to at least two different sources!

#1: Official government sources

<u>Rule:</u> Check first with official government websites including the parliament, executive, and other government agencies. Where the ruling regime may have incentives to misreport some information, always cross-check the findings with other reliable sources below.

Examples:

Governments'/parliaments' websites Government agencies

#2: Academic databases

Rule: Large data from international, non-political projects, or scholars/research groups.

Examples:

ParlGov (<u>www.parlgov.org</u>)

CoronaNet (<u>www.coronanet-project.org</u>)

ACAPS (The Assessment Capacities Project) (www.acaps.org)

International IDEA (www.idea.int)

Democracy Reporting International (https://democracy-reporting.org/dri_publications/the-rule-of-law-stress-test-eu-member-states-responses-to-covid-19/)

#3: Trusted State-run, Inter-governmental, or Private Organizations

<u>Rule:</u> Large international organisations with states as members, or trusted state- or privately driven organisations.

Examples:

European Union

UNHCR

OHCHR (https://www.ohchr.org/EN/pages/home.aspx)

United Nations

The Constitute Project (www.constituteproject.org)

IFES Election Guide (http://www.electionguide.org/)

ECPMF (European Centre for Press and Media Freedom) (https://www.ecpmf.eu/)

GardaWorld (www.garda.com/crisis24/coronavirus-updates)

U.S. Embassy websites (https://www.usembassy.gov)

#4: Other Trusted Independent Organisations

<u>Rule:</u> Large, international, non-political, non-governmental organisations. Be aware these organizations can sometimes have reputations (e.g. HRW) that limit the credibility of their

reporting within certain local contexts (e.g. Rwanda). Always try to combine this type with at least one other source type.

Examples:

Reporters Without Borders

Doctors Without Borders

Amnesty International

World Health Organisation

Human Rights Watch (HRW)

ICNL (International Center for Non-Profit Law)

IPU (Inter-Parliamentary Union) : https://www.ipu.org/country-compilation-parliamentary-responses-pandemic#G

IPI (International Press Institute)

Civicus

NDI (The National Democratic Institute)

IRI (International Republican Institute)

IDEA

Inter Pares (IDEA projects on Parliaments: https://www.inter-pares.eu/inter-pare

#5: Trusted Media Outlets

<u>Rule:</u> Large international media outlets, or very large national outlets that are not politically affiliated. Note: Only cite fact-based reporting; do not cite opinion, op-ed, or commentary pieces!

Examples:

Reuters

Financial Times

The Guardian

The Economist

BBC

AFP (Agence France Presse)

AP (Associated Press)

New York Times (US)

Washington Post (US)

Le Monde (France)

Le Figaro (France)

El Pais (Spain)

AllAfrica (Sub-Saharan African countries)